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AUTHORITY

AGO ltr 29 Apr 1980

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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20310

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IN REPLY REFER TO

AGAM-P (M) (29 May 67) FOR OT

7 June 1967

SUBJECT: Operational Report - Lessons Learned, HQ, 44th Medical
Brigade

TO: SEE DISTRIBUTION

1. Forwarded as inclosure is Operational Report - Lessons Learned, Headquarters, 44th Medical Brigade for quarterly period ending 31 January 1967. Information contained in this report should be reviewed and evaluated by CDC in accordance with paragraph 6f of AR 1-19 and by CONARC in accordance with paragraph 6c and d of AR 1-19. Evaluations and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter.

2. Information contained in this report is provided to the Commandants of the Service Schools to insure appropriate benefits in the future from lessons learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

C. A. Stanfield
C. A. STANFIEL
Colonel, AGC

Acting The Adjutant General

1 Incl
as

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UNCLASSIFIED REPORT

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AD 844155

DEPARTMENT OF THE ARMY
HEADQUARTERS, 44TH MEDICAL BRIGADE
APO 96307

AVCA-MB-FO

15 February 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967. (RCS CSFOR-65)

THRU: Commanding General
1st Logistical Command
ATTN: AVCA-GO-II
APO 96307

Commanding General
United States Army, Vietnam
ATTN: AVC (DH)
APO 96307

Commanding General
United States Army, Pacific
ATTN: GPOF-MH
APO 96559

TO: Assistant Chief of Staff for Force Development
Department of the Army
Washington, D.C. 20310

SECTION I
SIGNIFICANT ORGANIZATIONAL ACTIVITIES

COMMAND

1. This headquarters continued to be operational for the entire period. The assigned mission of command, control, and staff planning for three medical groups and other specialized type medical units was accomplished. Ten (10) new units arrived in-country and were processed and assigned to medical groups bringing the total number of medical brigade units to 125.

2. On 14 November 1966, LTC ROBERT E. BLADE assumed command of the 20th Preventive Medicine Unit, and during the third week of January 1967, this unit physically relocated their headquarters in Bien Hoa.

3. On 4 February 1967, LTC ROBERT E. MEHLER, IC, was assigned as Deputy Brigade Commander and will serve in the dual capacity of Deputy Director of Medical Service, 1st Logistical Command.

Incl 1

4. The following VIPs visited the 44th Medical Brigade during the period of this report:

- a. LTG LEONARD D. HEATON, Surgeon General, Department of the Army (19-25 Nov 66) - for the purpose of observing US Army medical service activities.
- b. BG WILLIAM A. HAMRICK, Chief, Medical Service Corps (19-25 Nov 66) - for the purpose of observing US Army medical service activities.
- c. Colonel ANTHONY R. CURREN, MC, USAR, Consultant in Surgery to Surgeon General of the Army and Professor Surgery, University of Wisconsin Medical School. (14-28 Nov 66) - to determine adequacy of surgical care at USARV medical installations.
- d. LIE WILLIAM J. FOULK, MSC and LTC JAMES F. GRAZIANO, MSC (1-13 Dec 66) visited all major units and held conferences with staff personnel in order to assist 44th Medical Brigade units with reference to MICE/IOE deficiencies.
- e. Colonel MILDRED I. CLARK, Chief, Army Nurse Corps (17-30 Dec 66) - for the purpose of obtaining first hand knowledge of nursing care needs to be used for future planning requirements.
- f. General H.K. JOHNSON, Chief of Staff, US Army (21-30 Dec 66)
- g. Major General BYRON L. STEGER, MC, US Army, Chief Surgeon, Hq. USARPAC (3-9 Jan 67) - to discuss and investigate the capabilities and limitation of military medical service in Southeast Asia; also, to review the general procedures relating to tri-service medical support for combat operations in Vietnam.
- h. BG HAYES, MC, US Army Director of Professional Service, OTSG, (22-31 Jan 67) - made consultant visits to medical facilities for the purpose of evaluating all aspects of medical care and treatment.

PERSONNEL, ADMINISTRATION, MORALE AND DISCIPLINE

During the period of this report, it became apparent that existing administrative procedures were inadequate. The system, as originally established, attached the brigade headquarters, the medical groups, and five separate units of the 44th Medical Brigade to US Army Support Commands in Saigon, Nha Trang, Qui Nhon, and Cam Ranh Bay. As established, all administrative support was provided by a Support Command which became the channel for all personnel actions to the 1st Logistical Command. This separation of operational and administrative control of the brigade commander proved to be inflexible and unresponsive to the dynamic needs of this command. Reviewing the Department of the Army doctrine pertaining to the organization of the headquarters for a medical brigade, we realized the need for augmentation by an AG Personnel Service Company which was submitted in a request to Headquarters,

1st Logistical Command. On 31 January 1967, the 222d Personnel Service Company was assigned and assumed the responsibility for personnel service support for the entire 44th Medical Brigade. Teams were organized from this company and attached to each of the medical groups. The 44th Medical Brigade Headquarters and units in the Saigon-Cholon area are being supported by the fourth team with the AG functions for all teams being retained at Brigade Headquarters.

PLANS, OPERATIONS, TRAINING

1. Hospitalization, evacuation, and medical regulating were provided for the following tactical operations: BYRD, PAUL REVERE IV, THAYER II & III, SHENANDOAH, ATTLEBORO, LANIKAI, WACO, GERQUINO, ADAMS, BREWERTON, ATLANTA, BISMARCK, MEADE, FAIRFAX, CEDAR FALLS, PICKETT, and DECKHOUSE V.

2. The following units arrived during the period:

1st Medical Company, Ambulance, (20 Nov 66)
3rd Medical Detachment, LA (15 Nov 66)
71st Evacuation Hospital (15 Nov 66)
84th Medical Detachment, OA (30 Nov 66)
91st Evacuation Hospital (3 Dec 66)
105th Medical Detachment, LA (28 Nov 66)
126th Medical Detachment, OA (7 Nov 66)
128th Medical Detachment, OA (2 Nov 66)
133d Medical Detachment, OA (28 Nov 66)
14th Medical Detachment, IE (20 Jan 67)

3. The following units became operational during the period:

1st Medical Company, Ambulance (3 Dec 66)
3d Medical Detachment, LA (15 Dec 66)
12th Evacuation Hospital (15 Nov 66)
45th Surgical Hospital (13 Nov 66)
84th Medical Detachment, OA (28 Dec 66)
126th Medical Detachment, OA (19 Dec 66)
128th Medical Detachment, OA (4 Dec 66)
133d Medical Detachment, AC (8 Dec 66)
516th Medical Detachment, AC (20 Nov 66)
584th Medical Company, Ambulance (1 Nov 66)
874th Medical Detachment, HB (1 Nov 66)

4. The continuous increase in detainees and prisoners of war entering medical channels during the report period has necessitated establishing uniform procedures and policies to be followed by US Army Hospitals in the Republic of Vietnam. Coordination meetings were conducted with medical groups, military police, military intelligence detachments, MACV, USARV, and ARVN military advisers for the purpose of solving problems and creating an atmosphere of cooperation. Regulation Number 40-1, MEDICAL MANAGEMENT OF DETAINÉES AND PRISONERS OF WAR IN US ARMY HOSPITALS, RVN, was published by this headquarters and disseminated to subordinate medical units on 31 January 1967.

LOGISTICS

The assignment of inexperienced junior grade medical supply officers (MOS 4490) and medical supply personnel continues to be a problem. By rotating assignments and varying their duties, a progressive form of on-the-job training has been established throughout brigade units. However, by the time these personnel have received sufficient training and experience to be truly effective, rotation date has arrived, and the procedure must be repeated. Consideration should be given to screening medical supply personnel and sending the best qualified men available, even at the expense of CQUS or other overseas units.

DENTAL SERVICE

1. During the time frame of this report, the total authorized dental personnel has increased to 396. The total number of authorized dental officers has increased from 164 to 167. Units arriving in-country having dentists authorized were the 71st and 91st Evacuation Hospitals. The actual number of clinics under operation has increased from 50 to 55 clinics.

2. The 39th Medical Detachment moved from Qui Nhon to Ploikau on 23 November 1966, establishing its headquarters at Dragon Mountain, 4th Infantry Division base camp. The 56th Medical Detachment at An Khe has taken over dental support for the Qui Nhon area.

3. Dental Staff visits were made to Long Thanh, Long Binh, Dien Hoa, Ban Me Thuot, Nha Trang, Cam Ranh Bay, Tay Hoa, Ploikau, Cu Chi, Qui Nhon, Phu Thanh, Dong EE Thin, Phan Rang, and Tay Ninh for the purpose of inspecting dental facilities and to insure that adequate dental support was being given.

4. Special Order 103, Headquarters 44th Medical Brigade, dated 7 December 1966 created Dental Advisors from KJ teams to the Medical Groups. Sub-Area Dental Advisors may be appointed on Group Orders to advise the Sub-Area Surgeons as the Group Commander and Dental Advisor deem appropriate. The purpose of this is to inform the Sub-Area Commander on dental posture within his area and make recommendations for improvements.

5. CIVIC ACTION: A total of 3741 Vietnamese civilians were treated. A total of 5,061 teeth were extracted in remote villages, orphanages, and refugee camps. There has been a noticeable increase in demand for dental participation in MEDCAP activities. In the area of continuing education, three dental newsletters have been published, as well as a monthly professional meetings. The 257th Medical Detachment at Di An is training a Vietnamese girl, who has had three years of pharmacy school, to serve as a dental hygienist. When her training is completed, she will be utilized in the remote villages and hamlets. She will demonstrate dental hygiene procedures and give lectures to the Vietnamese school children. It has been found that Vietnamese children have a great deal more calculus than children in the United States.

VETERINARY

1. GENERAL: New veterinary field stations were established by the 4th Med Det at Lai Khe, Phuoc Vinh, Ben Cat, and Xuan Loc. Animal technicians from the 936th Vet Det (Hosp) and 504th Med Det (Disp) have been assigned to Vinh Long, Long Binh, Can Ranh Bay, and Chu Lai to support scout and sentry dog operations. Areas of responsibility, paralleling those of the medical groups, have been assigned to the various field stations, with an officer designated as the staff veterinarian for each group. Similarly, other field stations have been attached to medical units under the medical groups for staff supervision, administration, and logistical support. This should clarify the relationship of a field station with the medical command in their respective areas.

2. VETERINARY SERVICE IN I CORPS: The 75th Med Det assigned personnel to duty at Phu Bai, Hue, and Dong Ha. Requirements for veterinary service in this Corps have outgrown the capabilities of the two small units assigned to Da Nang. The two-year officers commanding these units have had considerable difficulty handling many of the problems because they lack experience. To correct this situation, the 75th Med Det was augmented by six (6) E1 and a field grade officer (as CO) from the 4th Med Det. Since then, our service has become an integral part of Navy and Marine operations with a marked improvement in effectiveness.

3. FOOD INSPECTION ACTIVITIES: Vigorous inspection efforts at Class I yards have definitely reduced the incidence of nonperishable spoilage. Total pounds of food inspected during this report period increased from 1.6 billion to more than 4 billion. Condemned foods showed a corresponding increase from 2.2 to 5.8 million pounds. Among the factors responsible for this are unfavorable climate, limited storage facilities (Particularly refrigerated facilities), increased age of products on hand, higher use of A rations, time in transit, and damage from multiple handlings.

a. There were serious problems with infestation of flour. A systematic inspection of all flour on hand in RVN (approximately 11,000,000 lbs) showed that most of the flour was infested with beetles, ranging from a few to several thousand per 50 lb. bag. It was found that flour with over 100 insects per bag had a disagreeable flavor. Sifting at field bakeries and in messes did not entirely solve the problem. Although poor storage practices, inadequate stock rotation, and the hot, humid climate are significant factors contributing toward these conditions, much of the flour shipped to RVN was already infested when received. Heavily infested lots were condemned and action was taken to cancel outstanding requisitions and reduce stocks to a 90 day level. Recommendations were made to improve warehousing, rotation, and stock control; also, that all future shipments to RVN should be fumigated and packed in insect proof bags.

b. Inspection of Perishables: In the Saigon area, limited refrigerated facilities has made it necessary to hold large quantities of fresh fruit, vegetables, cheese, and margarine under nonrefrigerated conditions. This has resulted in significant losses from spoilage and wasteful forced issue. Also, due to overcrowding of freezers, many frozen items were defrosted and had to be force issued to prevent complete loss.

c. Local Procurement: Inspections of fresh fruits and vegetables procured at Dalat have increased steadily. Since 31 Jan 66, the value of purchases from this area have grown to approximately \$900,000 per month. An additional task was the development of specifications and standards; this was accomplished by personnel of the 4th Med Det.

4. ZOOINOSIS CONTROL: Rabies continues to be a serious problem. During the 2nd Quarter, FY 67, 41% of all animals heads submitted to the 9th Medical Laboratory were diagnosed as positive for rabies. A more effective control program has been started by increasing scheduled vaccination clinics, stressing control of pets, quarantine of suspects, and improved methods for reporting, collecting, and evaluating rabies statistics from medical groups and I Corps.

5. CIVIC ACTION: Veterinary civic action support with the 1st Infantry Division was continued. However, plans to expand this effort have not progressed as expected. Original plan was that following the initial efforts in a village by the military team, the work would be continued by USAID and VN personnel. The military team would then move to another area. This has not been the case. It has been demonstrated that we can make a real contribution to the revolutionary development program; however, to what extent will depend on assignment of sufficient personnel and the inclusion of veterinary assistance required in overall civic action planning.

PREVENTIVE MEDICINE

During November 1966, a controlled study of the adaptability of the C-123 aircraft for use in mosquito control was conducted on Con Son Island about 100 miles south of Saigon. Factors that influenced the selection of Con Son Island were the absence of Viet Cong, similarity of terrain, and an abundant mosquito population. Preliminary evaluations appear favorable for the continued use of the C-123 aircraft for aerial mosquito spraying in the Republic of Vietnam.

CHAPLAIN

1. During the period, 1 November 1966 to 31 January 1967, there were 23 chaplains assigned to elements of the brigade. The Staff Chaplain made a liaison visit to each major unit and units with assigned chaplains.

2. When new chaplains arrive now, they are given an orientation briefing on 44th Medical Brigade and 1st Logistical Command functions so as to give them a better overall working knowledge of our mission.

3. A quarterly consolidated Religious Activities and Character Guidance Report was submitted for the months of October, November and December 1966. This report submitted through AG channels to Department of the Army, Office of the Chief of Chaplains was the second such report submitted by the Brigade Chaplain. During this period, chaplains of the Brigade conducted 1300 services with a total of 30,402 persons attending; 95,090 counselling interviews were conducted for the period of this report.

4. The two new evacuation hospitals, that are presently under construction (71st and 91st Evac Hosp) have planned a chapel facility, complete with office space for a chaplain and chaplain's assistant. This is both highly desirable and functional, if the chaplain is to operate as a full active member of the hospital staff.

MEDICAL STATISTICS

1. There has been steady progress in the preparation of medical records by the hospitals. Use of worksheets to prepare records, medical records committees, and command interest has contributed to this progress.

2. Distribution of A & D Sheets was a problem during the beginning of the report period. However, coordination meeting held by the Brigade Medical Statistical Officer with hospitals registrars, revised hospital SOP's, and directives from this headquarters has resulted in better methods for the distribution of A & D Sheets during January 1967.

3. Two of the medical groups have improved registrar activities by augmentation of their operation sections with personnel who are assigned the additional responsibility for coordinating the activities of hospital registrars. Improvements were most noticeable during the last three weeks of January when fewer delinquent reports were received and medical statistical data requested was both timely and accurate.

MEDICAL REGULATING

During the report period, emphasis was directed toward improved out-of-country patient evacuation procedures and the proper utilization of medical attendants, who accompany patients to PACOM and COMUS. Requirements for requesting attendants were revised by the Medical Brigade Commander, and coordination meetings were conducted during January 1967 with USAF medical representatives, hospital registrars, and medical groups S- & PROs. The revised Circular 40-350, MEDICAL ATTENDANT was published by this headquarters on 31 January 1967 and disseminated to subordinate units.

SECTION II COMMANDERS OBSERVATIONS AND RECOMMENDATIONS PART I OBSERVATIONS (LESSONS LEARNED)

PERSONNEL SERVICE SUPPORT FOR MEDICAL UNITS

ITEM: Personnel Service Support.

DISCUSSION: The commander of a combat service support unit has a given amount of resources to accomplish his mission. In a medical unit material is important, but not as important as the skilled personnel who perform the essential tasks of care and treatment of the sick and wounded. The control of these two resources is basic to mission accomplishment.

OBSERVATION: The attachment of medical personnel to other commanders for administration results in the loss of control of the most critical element of medical service, the personnel.

RECOMMENDATION: The future organization of medical service units should begin with the assignment of skilled personnel; then, the capability for personnel service support should be made a part of the same entity.

PROFESSIONAL BOOKS FOR HOSPITAL CHAPLAINS AND STAFF

ITEM: Many Chaplains are serving with hospitals for the first time. Some members of the professional staff have had little or no contact with a Hospital Chaplain.

DISCUSSION: A recent survey has revealed that 98% of the chaplains now serving with hospitals in the brigade have no previous experience or training as a hospital chaplain. Many doctors and members of the professional complement are not acquainted with the role and position of the chaplain as a member of the healing team.

OBSERVATION: A requisition is being staffed to acquire the following professional books to be added to the professional library of each hospital.

THE ART OF MINISTERING TO THE SICK, Cabot and Dickes, (New York: MacMillan 1936)

WHO IS MY PATIENT? Dickes, (New York, MacMillan 1954)

MINISTERING TO THE PHYSICALLY SICK, Scherzer, (Englewood Cliffs, Prentice Hall, 1963)

NURSE, PASTOR AND PATIENT, Westborg, (Rockford, Augustana 1955)

RELIGION IN ILLNESS AND HEALTH, Wise, (New York: Harper, 1962)

THE PASTOR'S HOSPITAL MINISTRY, Young, (Nashville, Broadman, 1954)

SPIRITUAL THERAPY, Young and Meiburg, (New York: Harper, 1960)

"Chaplaincy Service," in MODERN CONCEPTS OF HOSPITAL ADMINISTRATION, ed., by Owens (Philadelphia, Saunders, 1961.)

BROKEN DENTAL APPOINTMENT

ITEM: A large number of dental appointments are broken which result in lost man hours for the dentist.

DISCUSSION: Dental appointments that are booked two weeks or longer in advance are ineffective. The reason is that a soldier in the field does not know where he will be even a few days in advance, let alone two weeks. The soldier has a mission to accomplish, and dental care has a low priority. However, it too must accomplish its mission of providing dental care for the troops.

OBSERVATION: Four clinics of the 137th Dental Service Detachment were observed using a modified appointment system. The method used was to have certain dental officers book appointments for those requiring definitive care or emergency cases. The remainder of the dentist were taking patients on a first come first serve basis. In most instances, the field soldier was seen immediately.

AIR CONDITIONERS AND POWER FOR DENTAL CLINIC

ITEM: Proper air conditioning is essential to the overall efficiency of a dental clinic.

DISCUSSION: Dental units deployed in most areas in Republic of Vietnam find that dust, dampness, heat, and humidity cause serious maintenance problems on the ancres, dental instruments, and supplies. The only solution is to have dental clinics air conditioned. Although air conditioners are not a TO&E item for a KJ TEAM, acquiring them has never been a problem because of an adequate issue of air conditioning units from USARV to dental clinics. However, authorized power units are inadequate. The types of generators presently authorized KJ Teams are: 3-5KW, 2-3KW, and 1-1.5KW. This is an insufficient power supply because approximately 35KW is required to satisfy minimum power needs of the dental clinic when air conditioners are used.

OBSERVATION: The problem of inadequate power for operating air conditioners in dental clinic has been partially solved by personnel of the clinics. In most instances, they are receiving extra power needed to operate air conditioners by running in lines from neighboring units. However, depending on other units for power is only a temporary measure, and it does not completely solve the problem. Additional generators are required; however, the number or type would be dependent upon the exact area of operation.

PREVENTIVE MEDICINE

ITEM: Control of rabies at US forces base camps.

DISCUSSION: Reliable data on the extent of rabies in South Vietnam are not available. Recent reports however, indicate this disease may be more widespread than at first believed. The number of animal heads diagnosed as positive for rabies showed considerable increase during the 2nd quarter of FY 67 over the previous period. It has been noted that on many camps and compounds, there are numerous pets, mascots, and stray dogs.

OBSERVATION: Command emphasis on strict control and proper restraint of animals on military bases appears to be the only logical and effective means for controlling rabies and reducing the number of personnel exposed to the danger of this disease.

VETERINARY OFFICERS

ITEM: Need for experienced Veterinary Officers.

DISCUSSION: There are four (4) veterinary units in the 44th Med Bde with a total of seventeen (17) officers assigned. Only three of these officers have sufficient experience to function and perform adequately without close supervision and guidance. The balance are two year officers assigned to cover one or more of the 24 field locations throughout RVN in order to provide veterinary service on an area basis. Poor voice communication and transportation problems make it extremely difficult for unit commanders to provide the degree of supervision required.

OBSERVATION: Inexperienced officers can perform satisfactorily in stationary situations, but many cannot cope with the problems faced in a theater of operations. Veterinary officers assigned to units of the 44th Med Bde should include a higher percentage of experienced officers.

HOSPITAL CONSTRUCTION

ITEM: Priority of Construction.

DISCUSSION: The basic nucleus of A & D, Pre-Op, Surgery, Post-Op, X-Ray, and Laboratory are essential for the initial emergency operation of a hospital. If a semipermanent or permanent hospital is constructed in a theater of operations, supply facilities should be constructed along with the initial nucleus.

OBSERVATION: Multiple handling of supplies and equipment is time consuming and inefficient. Early construction of supply facilities to include the laundry, will allow the supply to prepare for complete operation while the remainder of the hospital is being completed. The advantage can be as much as four months.

TO&E OF HOSPITALS

TS6
ITEM: Obsolete Equipment.

DISCUSSION: Experience in RVN has proven that medical equipment in evacuation hospitals is not sufficiently modern enough to sustain modern medicine.

OBSERVATION: Supplementing all evacuation hospitals, as well as other medical installations with efficient modern equipment has required the requesting of hundreds of items, thus burdening the supply system. All medical assemblages should be updated at scheduled intervals.

SECTION II PART II

RECOMMENDATIONS

TS6
1. The future organization of medical service units should begin with the assignment of skilled personnel, and then, the capability for personnel service support should be made a part of the same entity.

2. There is a need for additional power units by Dental Service Detachments (TEAM KJ) operating in RVN. However, specific requirements can be determined only when the exact area of operations is known. Action taken at this headquarters has been to request assistance from Engineer R & U after the unit has arrived and is stationed in a specific area.

3. That USARV Regulation 40-15, RADIOS CONTROL AND REPORTING OF ANIMAL BITES be revised to include provisions for limiting the number of animal pets or mascots. Furthermore, that such pets be restricted to those which can be readily trained, restrained, and domesticated.

4. That the percentage of experienced veterinary officers for operating units in RVN be increased from the present level of 17% to 30% ASAP.

5. The TO&E active medical assemblages should be updated at scheduled intervals with modern equipment and definitely updated before the units are sent to theater of operations.

1 Incl
Annex A

Ray L. Miller
RAY L. MILLER
Colonel, IE
Commanding

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AVCA GO-O (15 Feb 67) 1st Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 January
1967 (RCS CSFCR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 16 MAR 1967

TO: Deputy Commanding General, United States Army, Vietnam, ATTK:
AVHGC-DH, APO 96307

1. The Operational Report - Lessons Learned submitted by the 44th Medical Brigade for the quarterly period ending 31 January 1967 is forwarded herewith.
2. Reference Section I, "Logistics" (Page 4): An officer possessing MOS 4490 (Medical Supply Officer) is considered qualified to perform the duties outlined in AR 611-101 (Manual of Commissioned Officer Military Occupational Specialities). An officer may attain an MOS only through satisfactory completion of service school training, civilian education, or work experience. Newly appointed officers cannot be expected to know the idiosyncrasies of the military profession since this can only be attained through experience and patience on the part of supervisors.
3. Reference paragraph 3a, Section I, (Page 5): Flour infestation is a continuous problem in RVN due to climatic conditions and a lack of proper storage and fumigation facilities. The condition described in para 3a of the Veterinary Report was brought about not only by the conditions described above but also by an overabundance of flour being received in the command. In December 1966, action was taken to suspend all requisitions for flour until on-hand stocks were reduced to 60 day level. This will reduce on-hand quantities, allowing increased rotation. A continuous study is being made on flour by this Headquarters to prevent an accumulation of excess and a repeat of the destruction of large quantities due to infestation.
4. Reference paragraph 3b, Section I, (Page 5):
 - a. The condition described in the referenced paragraph was brought about for the following reasons:
 - (1) A 9 day reefer vessel schedule was instituted in September and during the ensuing months all the back RDD's not shipped because of limited ship-space under the old schedule were lifted.
 - (2) On several occasions large quantities of freeze and chill subsistence were left on board at up-country depots, thus necessitating that it be removed in Saigon. This was caused by inclement weather during discharge periods at up-country ports.

14
16 MAR 1967

AVCA GO-O (15 Feb 67)

SUBJECT: Operational Reports for Quarterly Period Ending 31 January
1967 (RCS CSFOR-65)

b. To remedy the above, this Headquarters has actively worked to cancel all old requisitions not required and adjust quantities on current requisitions to insure that only subsistence required to support the menus is lifted to Saigon. In addition, the Engineer of this Headquarters has been requested to expedite procurement and construction of permanent cold storage facilities in Saigon to provide sufficient cold storage to accommodate large receipts when schedules of arrival fluctuate. Also, 72 each 1600 cubic foot prefabricated reefers have been requisitioned to assist in reducing the shortage of reefer space.

5. Reference Section I, "Civic Action" (Page 6): The Veterinary civic action support described in reference refers to a pilot program in which one (1) veterinary officer and one (1) technician participated in an experimental Pacification Program under the direction of USAID during Lam-son II. The shortage of veterinary officers prevented the combined efforts of this command and USAID in contributing effectively to this "pilot" revolutionary development program.

6. Reference Section II, Part I, (Page 7)(Personnel Service Support):

a. Concur that the control of material and personnel is basic to mission accomplishment. Nonconcur that attachment of personnel to other commands for administration results in the loss of control of assigned personnel. Paragraph 4h(7), AR 220-5, states that responsibility in matters relating to the transfer and promotion of personnel will be retained by the command to which the unit or detachment is assigned.

b. The 222d AG Company (Personnel Service) was assigned to the 44th Medical Brigade by 1st Logistical Command General Order 91 dated 2 February 1967. With the assignment of the 222d AG Company, the 44th Medical Brigade became administratively independent. The medical units are no longer required to provide administrative personnel to the Support Commands, thus making them available to perform the necessary tasks of the medical units.

7. Reference Section II, Part I, (Page 9) Item: Air Conditioners and Power for Dental Clinic. The necessity for air conditioning dental operating rooms is recognized and is authorized by USARV Regulation 420-54. To obtain air conditioners and power to operate them, a job order request submitted to the installation engineer is required. The authorization of additional TOE generators to each unit is not necessary.

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16 MAR 1967

AVCA GO-O (15 Feb 67)

1st Ind

SUBJECT: Operational Reports for Quarterly Period Ending 31 January
1967 Con't.

8. Reference Section II, Part I, (Page 10) Item: USARV Regulation 415-5 establishes minimum construction to be completed prior to arrival of hospital units. This minimum construction does not include supply facilities. This Headquarters is requesting the 44th Medical Brigade to submit a change to USARV Regulation 415-5 to include supply facilities as minimum required construction. Until such time as the regulation is changed, the 44th Medical Brigade is requesting construction units to place a high priority on supply facility construction at their hospital sites.

9. Reference Section II, Part I (Page 10): Need for Experienced Veterinary Officers. The basic prerequisite for appointment in this branch is that an individual possess a veterinary degree from an accredited educational institution. Accordingly, it must be assumed that they are "Technically" qualified.

10. The 44th Medical Brigade engaged in combat operation support for 92 days during the reporting period.

11. Concur with the basic report as modified. The report is considered adequate.

FOR THE COMMANDER:

TEL: Lynx 430/782

1 Incl
nc

Franklin E. Boeing
for
Franklin E. Boeing
Cpt, AGC
Asst Adjutant General

Incl 1

14

AVHGC-DH (19 Feb 67)

2d Ind

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307 15 APR 1967

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-OT
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 January 1967 from Headquarters, 44th Medical Brigade as indorsed.

2. Pertinent comments follow:

a. Reference Paragraph 3a, Section I, Page 5 and Paragraph 3, 1st Indorsement, concerning flour infestation: Concur. Air inflatable shelters are being requested from USARPAC for the purpose of fumigating stocks. The rotation period for flour is decreasing due to a lower stock level being maintained at this time.

b. Reference Paragraph 3b, Section I, Page 5; and Paragraph 4, 1st Indorsement, concerning perishable foods: Concur. The condition of fresh perishables is under surveillance by this headquarters and 1st Logistical Command Staff elements. Corrective action as specified in the indorsement is taken on the spot as sub-standard conditions are discovered.

c. Reference Paragraph 5, Section I, Page 6; Paragraph 4, Part II, Section II, Page 11; and Paragraph 5, 1st Indorsement, concerning the shortage of veterinary officers: Concur. The 44th Medical Brigade now has its full complement of veterinary officers.

d. Reference Item on air conditioners for dental clinics, Page 9; Paragraph 2, Part II, Section II, Page 11; and Paragraph 7, 1st Indorsement: Concur with the actions of the 1st Logistical Command, Unit will be informed of the procedures for requesting the required service.

e. Reference Item on hospital construction, Section I, Page 10; and Paragraph 8, 1st Indorsement: Hospital facilities, to include supply, receive the highest priorities of any combat service support construction requirements. Subject to the availability of construction materials, the wishes of the hospital commander govern the relative order in which the various facilities or components are built.

f. Reference Paragraph 1, Part II, Section II, Page 10; and Paragraph 6, 1st Indorsement: Concur with comments of Headquarters, 1st Logistical Command in 1st Indorsement.

AVHGC-DH (19 Feb 67)

15 APR 1967

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967 (RCS CSFOR-65)

g. Reference Paragraph 3, Part II, Section II, Page 11: Concur.
This headquarters is revising USARV Regulation 40-15, Rabies Control and
Reporting of Animal Bites.

h. Reference Paragraph 5, Part II, Section II, Page 11: Concur.
This can be accomplished through the submission of MTOE's.

FOR THE COMMANDER:



STANLEY E. SCHULTS
Major, AGC
Asst. Adjutant General

1 Incl
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Incl 1

GPOP-OT(15 Feb 67)

3d Ind

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967 (RCS CSFOR-65), HQ 44th Med Bde

HQ, US ARMY, PACIFIC, APO San Francisco 96558 11 MAY 1967

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters concurs in the basic report as indirsed.

FOR THE COMMANDER IN CHIEF:



G. R. FOBALY
CPT, AIC
Asst AG

1 Incl
nc

NOT REPRODUCIBLE

ANNEX A (44TH MEDICAL BRIGADE OPERATIONAL REPORT - LESSONS LEARNED FOR QUARTERLY PERIOD
ENDING 31 JANUARY 1967 (RCS CSFOR-65))

*27th MIL Hist Unit attached to 44th Med Bde

